

Limerick Recreational
Application to Participate
BASKETBALL

Name _____ Date of Birth ____/____/____

Mailing Address _____

Town _____ Zip Code _____ Age _____

Phone Number _____ Shirt Size _____

E-mail address _____ Cell/pager # _____

Present Grade _____

Emergency Contact Name _____

Phone Number _____ Relationship _____

Parents Consent

My son/daughter _____ has permission to participate in the Limerick Recreational Basketball Program under the supervision of the assigned coaches.

I give consent, I do so with the full understanding that the Town of Limerick and its Recreational Staff assumes no financial liability for any accident or injury to my child, which may occur as a result of his or her participation in this program. I further hereby absolve and release the Town of Limerick, all league officials and their representatives of all liability for injury to the above applicant.

SIGNED (parent or Guardian) _____ Date _____

Registration Fee

The registration fees is \$30.00 with a family max of \$50.00 for Limerick residents, and non-residents the registration fee is \$35.00 with a family max of \$60.00. Please make check payable to the Town of Limerick.

Check # _____ Cash _____ Committee Member initials: _____